Case 19-12755-mdc Doc 52 Filed 02/10/20 Entered 02/10/20 14:57:04 Desc Main Document Page 1 of 2

Fill	in this information to	o identify your ca	ase:									
Deb	otor 1	Janice Lynn	Cutter			_						
	otor 2 use, if filing)					_						
Uni	ted States Bankrup	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	4	_						
Cas	se number 19-12755						Check	c if this is:				
(If kr	nown)			•			■ Ar	n amende	d filing			
										ng postpetition ollowing date:		
0	fficial Form	<u> 1061</u>					M	M / DD/ Y	YYY			
S	chedule I: `	Your Inco	ome								12/15	
spo atta	use. If you are sep ch a separate shee	arated and you	are married and not filii r spouse is not filing wi On the top of any additi	th you, do not inclu	de infori	natio	n about	your spo	use. If m	ore space is	needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more	e page with	Employment status	■ Employed				☐ Employed				
	attach a separate information about		Employment status	☐ Not employed				☐ Not employed				
	employers.		Occupation	Payroll Analyst 2								
	Include part-time, self-employed wo		Employer's name	Iqvia Inc								
	Occupation may in or homemaker, if		Employer's address	1510 Valley Center Parkway - Ste 130 Bethlehem, PA 18017			/ -					
			How long employed to	here? 2 mont	hs							
Par	t 2: Give Det	tails About Mor		<u> </u>								
Esti spou	mate monthly incouse unless you are	ome as of the da	ate you file this form. If	, c			·		•	·	J	
	e space, attach a se						,				,	
							For Deb	tor 1		ebtor 2 or ing spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	5,	000.00	\$	N/A		
3.	Estimate and list	monthly overti	ime pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	5,00	0.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Janice Lynn Cutter	_	C	Case number (if known)	19-12	2755		
		·	-						
					For Debtor 1	For Debtor 2 or non-filing spouse			
	Ourselling Albana				Ф Б 200 00		-tiling s	-	
	Сор	y line 4 here	4.		\$5,000.00	\$		N/A	<u>-</u>
5.	l ist	all payroll deductions:							
0.					1.054.40	Φ.			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 1,054.40	\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$ 0.00	\$		N/A	_
	5e.	Insurance	5e		\$ 208.72	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0.00	\$_		N/A	_
	5g.	Union dues	5g		\$ 0.00	\$_		N/A	_
	5h.	Other deductions. Specify:	5h	.+	\$0.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,263.12	\$		N/A	<u>-</u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,736.88	\$_		N/A	<u>-</u>
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a	١.	\$ 0.00	\$		N/A	
	8b.	Interest and dividends	8b	٠.	\$ 0.00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent							_
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce	8c.		\$ 823.00	\$		NI/A	
	8d.	settlement, and property settlement. Unemployment compensation	8d			\$ -		N/A	_
	8e.	Social Security	8e		\$ 0.00 \$ 0.00	\$ -		N/A N/A	
	8f.	Other government assistance that you regularly receive	00	•	Ψ	Ψ		IN/A	_
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance	:						
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.							
		Specify:	_ 8f.		\$0.00	\$_		N/A	_
	8g.	Pension or retirement income	8g		\$0.00	\$_		N/A	
	8h.	Other monthly income. Specify: Pro-rated tax refund	8h	.+	\$530.00	+ \$		N/A	_
^	A -1 -1		_		4 050 00	•			•
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,353.00	\$_		N/A	A
			Г		1			1	
10.		· · · · · · · · · · · · · · · · · · ·	10.	\$_	5,089.88 + \$		N/A	= \$ _	5,089.88
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.		e all other regular contributions to the expenses that you list in Schedule							
		ide contributions from an unmarried partner, members of your household, your	depe	ende	ents, your roommate	s, and			
		r friends or relatives.	!	_ _ _		۰ - ا	S = l= = = l · · l ·	. ,	
	Spe	not include any amounts already included in lines 2-10 or amounts that are not a	avalla	abie	e to pay expenses iis	eu III S		∍ J. +\$	0.00
	Орс					_		<u>_</u>	0.00
12.	. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it								5 000 00
	appl	ies					12.	\$	5,089.88
								Combi	ned
									ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						-
		No.							
		Yes Explain:							